

PART B - FEE(S) TRANSMITTAL

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7590 09/28/2007

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Woodard, Emhardt, Moriarty, McNett & Henry LLP
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/645,006	08/21/2003	Hai H. Trieu	4002-2624	6126

TITLE OF INVENTION: ALLOGENIC/XENOGENIC IMPLANTS AND METHODS FOR AUGMENTING OR REPAIRING INTERVERTEBRAL DISCS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$1440	\$300	\$1700	\$1740 12/28/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
PELLEGRINO, BRIAN E	3738	623-017160

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	WOODARD, EMHARDT, MORIARTY, MCNETT & HENRY LLP, PATENT AND TRADEMARK ATTORNEYS, 111 MONUMENT CIRCLE, SUITE 3700, INDIANAPOLIS, INDIANA 46204-5137
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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

WARSAW ORTHOPEDIC, INC.

WARSAW, INDIANA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature Timothy N. Thomas

Date NOVEMBER 7, 2007

Typed or printed name

TIMOTHY N. THOMAS

Registration No. 35,714

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